

CULLN18.1CP1C1



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Manners, J.M.
Appl. No. : 09/882,434
Filed : June 15, 2001
For : ANTI-MICROBIAL PROTEIN
Examiner : Kubelik, A.
Group Art Unit : 8852

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

December 3, 2003

(Date)

Jennifer A. Haynes
Jennifer A. Haynes, Ph.D., Reg. No. 48,868

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

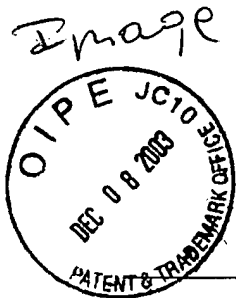
In response to the Office Action mailed from the United States Patent and Trademark Office on March 12, 2003 and further to the notice of incomplete response mailed on November 25, 2003, please amend the above-captioned patent application as follows:

Amendments to the Specification and Title begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Amendments to the Abstract begin on page 6 of this paper. A "Replacement Abstract" can be found in the Appendix.

Remarks/Arguments begin on page 7 of this paper.



1638
PATENT

Case Docket No. CULLN18.1CP1C1

Date: December 3, 2003

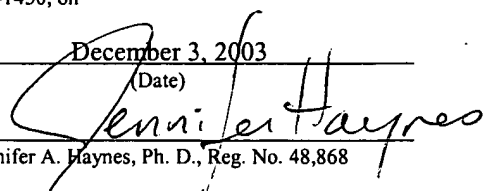
Page 1

In re application of : Manners, J.M.
App. No. : 09/882,434
Filed : June 15, 2001
For : ANTI-MICROBIAL PROTEIN
Examiner : Kubelik, A.
Art Unit : 8842

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Jennifer A. Haynes, Ph. D., Reg. No. 48,868

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an AMENDMENT in the above-identified application, which includes an Abstract, page 33 of the Specification, as an attachment..

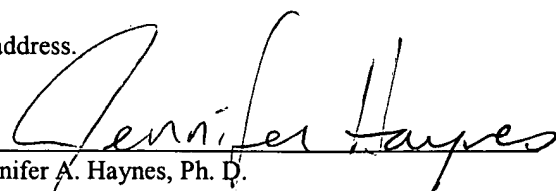
The fee has been calculated as shown below:

CLAIMS AS FILED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	20—	22	= ×	\$18	= \$0
Independent Claims	3—	3	= ×	\$84	= \$0
If application has been amended to contain multiple dependent claim(s), then add				\$280	= \$0
Time Extension Fee					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0

(X) Return prepaid postcard.

(X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

(X) Please use Customer No. 20,995 for the correspondence address.


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